REMARKS

Claims 1 and 7 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Weiss '246 in view of Bowers '024. This rejection is respectfully traversed.

These claims variously recite "sensing electrical signals on the electrode at different locations about the heart; analyzing a selected parameter from the electrical signals sensed on the electrode at the different target locations;" or "detecting activity of the patient's heart including monitoring ejected volume in response to pacing signals applied thereto at each target location."

These aspects of the claimed invention are not disclosed or even suggested by the references considered either alone or in the combination as proposed by the Examiner.

Specifically, Weiss '246 is noted to supply stimulating signals to the heart rather than sense the biological signal activity about the heart. And, as the Examiner notes, this reference is deficient as to "conventional threshold testing" with stimulating signals. Thus, merely supplying stimulating signals to the heart as disclosed by Bowers '024 fails to resemble or even suggest Applicants' claimed invention of "sensing electrical signals" for electrode placement, or of "monitoring ejected volume" under stimulating signals in any manner resembling Applicants' claimed invention. It is therefore respectfully submitted that these references fail

to establish even a *prima facie* basis, including all recited method steps, from which a proper determination of obviousness under *Graham v. Deere Co.* (cited by the Examiner) can be formed. Claims 1 and 7 are therefore submitted to be patentably distinguishable over the cited art.

Rejected claims 2, 5, 6, and 8-11 have been cancelled.

Claims 12, 13 and 16 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Cohen '252 in view of Flom et al '711. This rejection is respectfully traversed with respect to these claims as amended herein.

Specifically, claim 12 recites "the guide channel including coaxial mating segments each having a longitudinal slot extending between distal and proximal ends thereof and being reconfigurable in response to relative rotation of the segments for aligning the slots to release the cardiac lead therefrom for leaving the cardiac lead anchored to the heart as the instrument is removed away from the cardiac lead."

In addition, claims 13 and 16 which depend from allowable claim 12 are submitted also to be allowable for that reason and for such recitations as "guide channel is axially slidable relative to the suction port for extending a distal end of the cardiac lead to contact the heart," or "electrode at said surface of the suction port is connected to a conductor that extends between the distal and proximal ends of the instrument."

These aspects of the claimed invention greatly facilitate placement of a cardiac electrode and removal of the instrument away from the implanted electrode. These aspects of the claimed invention are not disclosed or even suggested by the references considered either alone or in the combination proposed by the Examiner.

It should be noted that Cohen '252 relies upon a tube or hollow guide to position instruments and eventually an electrode in the intrapericardial space about the heart. Such tube or guide must be withdrawn axially along the conductor connected to the implanted electrode. And Flom et al '711 is understood to deploy temporary defibrillation electrodes through a tube or hollow guide that is withdrawn with the electrodes. There is thus no showing or reasonable suggestion of Applicants' claimed invention in these references either directly or by any modifications that are motivated or instructed by disclosure in these references. These references therefore fail to establish even a *prima facie* basis, including all recited elements, from which a proper determination of obviousness can be formed. It is therefore respectfully submitted that claims 12, 13 and 16 are now patentably distinguishable over the cited art.

Claims 17 and 18 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Cohen '252 in view of Flom et al '711 further in view of

Sommer et al '456. This rejection is respectfully traversed with respect to these claims as amended herein.

Claim 17 specifically recites "a support channel for a cardiac lead that is disposed on the suction attachment and that is selectively configurable as a closed channel for confining a cardiac lead therein or as a channel open longitudinally between proximal and distal ends thereof for releasing a cardiac lead therefrom." Also, Claim 18 depends from distinctive claim 17 and is submitted to be allowable for that reason in addition to reciting "a cardiac lead connected to an electrode disposed at a surface of the suction attachment to contact the heart, the cardiac lead extending along the support channel in the closed configuration to the proximal end thereof."

These aspects of the claimed invention facilitate attachment of an electrode in contact with the heart, and the easy removal of the instrument for attaching the electrodes away from a cardiac lead that is connected to the electrode. These aspects of the claimed invention are not disclosed or reasonably suggested by the references considered either alone or in the combination proposed by the Examiner.

Specifically, neither Cohen '252 nor Flom et al '711 disclose any form of selectively configurable support channel for a cardiac lead. Instead, these references are understood to rely upon a tube or hollow guide to place an electrode

in contact with the heart, and Cohen '252 requires withdrawal of the tube or hollow guide axially along a cardiac lead connected to an implanted electrode. Distinctively, Flom et al '711 is understood to position defibrillation electrode temporarily about the heart, and to withdraw the tube or guide and electrodes together with no need to consider relative parting of a conductor for the electrodes from the tube or guide.

And, Sommer et al '456 fails to disclose a selectively configurable support channel for confining or releasing a cardiac lead, in any manner resembling Applicants' claimed subject matter. At best, this reference discloses a slotted sleeve 71, 72, 75 of fixed configuration to retain a portion of the length of cardiac lead in the short slot. Thus, the disclosure of Sommer et al '456 offers no motivation or instruction for modifying Cohen '252 or Flom et al '711 to in any way yield Applicants' claimed invention. It is therefore respectfully submitted that claims 17 and 18 as amended are now patentably distinguishable over the cited art.

Claims 3, 4 and 14, 15 have been indicated to be allowable but have been objected to for depending from a rejected base claim. Claims 3, 4 and 14 have been re-written in independent form incorporating the subject matter of the base and any intervening claims, and the dependency of claim 15 is now correct. It is

therefore respectfully submitted that claims 3, 4, 14 and 15 are now patentable to Applicants.

Allowance of claims 19-28 is noted with appreciation.

Reconsideration and allowance of all pending claims are solicited.

Respectfully submitted,
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